

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL**

FOR: HEALTH CARE FINANCING ADMINISTRATION

1. TRANSMITTAL NUMBER:

0 0 — 0 1 2

2. STATE:

Louisiana

3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL
SECURITY ACT (MEDICAID)TO: REGIONAL ADMINISTRATOR
HEALTH CARE FINANCING ADMINISTRATION
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

February 21, 2000

5. TYPE OF PLAN MATERIAL (Check One):

☐ NEW STATE PLAN☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN☒ AMENDMENT

— COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)—

6. FEDERAL STATUTE/REGULATION CITATION:

42 CFR 447.304, 447.200-205; 440.60

7. FEDERAL BUDGET IMPACT:

a. FFY 2000 \$ (5.77)
b. FFY 2001 \$ (12.45)

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:

Attachment 3.1-A, pp 1, 3.
Remove Attachment 3.1A, Item 3
Attachment 3.1A, Item 4b, p 8
Remove attachment 3.1A, Item 6, p2
p 2a, 2b
Attachment 3.1B, pp 1, 39. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):SAME (97-24)
(TN 97-24)
SAME (TN 95-09)
(TN 95-51)
(TN 97-24)
SAME (TN 97-23)
*

10. SUBJECT OF AMENDMENT: The purpose of this amendment is to terminate coverage of chiropractic services for recipients age twenty one and older. The Medicaid Program will continue to provide coverage for EPSDT recipients.

11. GOVERNOR'S REVIEW (Check One):

☐ GOVERNOR'S OFFICE REPORTED NO COMMENT☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL☒ OTHER, AS SPECIFIED: The Governor does not review state plan material.

12. SIGNATURE OF STATE AGENCY OFFICIAL:

David Hood by John La Cour

13. TYPED NAME:

David W. Hood

14. TITLE:

Secretary

15. DATE SUBMITTED:

March 27, 2000

16. RETURN TO:

State of Louisiana
Department of Health & Hospitals
1201 Capitol Access Road
PO Box 91030
Baton Rouge, LA 70821-9030

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:

03-27-2000

18. DATE APPROVED:

June 6, 2001

PLAN APPROVED - ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL:

February 21, 2000

20. SIGNATURE OF REGIONAL OFFICIAL:

Calvin G. Cline

21. TYPED NAME:

Calvin G. Cline

22. TITLE: Associate Regional Administrator
Division of Medicaid and State Operations

**23. REMARKS: ITEM 8

Attachment 4.19-B, Item 4.b p2
Attachment 4.19-B, Item 4b p3
Remove Attachment 4.19-B, Item 6, p.1a

ITEM 9

SAME (TN 97-24)
New Page
(Tn 97-24)

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

CITATION

42 CFR

447.304

447.200-205

and Section

1905(r)(5) of

the Act

Medical and Remedial Care and Services

Item 4.b.(contd.)

II. The following services that are not otherwise covered under the Louisiana State Plan will be reimbursed when provided to an EPSDT recipient:

A. Hospice Services

Hospice care will be reimbursed utilizing the principles of reimbursement as detailed in the State Medicaid Manual, Chapter IV, Sections 4305 and 4307.

B. Personal Care Services

Personal Care (PCS) for EPSDT eligibles shall be paid the lesser of billed charges or the maximum unit rate set by BHSF. The initial maximum rate was set using the Federal minimum hourly wage as of April 1, 1995, plus 22% fringe benefits (insurance, workmen's compensation, unemployment insurance, etc.) plus 24% for agency administrative and operating costs, plus a profit factor of 4% of the above-calculated rate. The 22% and 24% are the same as the Bureau of Health Service Financing's administrative cost ratios. The maximum rate will be adjusted by any change in the Federal minimum hourly wage.

C. Chiropractors

1. Method of Payment

Reimbursement is only for manual manipulation of the spine (procedure codes 97260 and 97261). Chiropractors are reimbursed under the same methodology used to reimburse physicians. Reimbursement is made at the lower of the provider's billed charge for the services or the maximum allowable fee for chiropractic services under the Bureau's provider reimbursement fee schedule.

TN# 00-12 Approval Date 06-06-01
Supersedes
TN# 97-24

Effective Date

STATE <u>Louisiana</u>	A
DATE REC'D <u>03-27-00</u>	
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DATE EFF <u>02-21-00</u>	
HCFA 179 <u>LA-00-12</u>	

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE OR SERVICE LISTED IN SECTION 1905 (A) OF THE ACT THAT ARE INCLUDED IN THE PROGRAM UNDER THE PLAN ARE DESCRIBED AS FOLLOWS:

2. Standards for Payment

Reimbursement is provided to chiropractors who are licensed by the State to provide chiropractic care and services and who are enrolled in the Medicaid program as a provider.

NOTE: Christian Science Nurses:
Christian Science nurses are not licensed to practice in the State.

Christian Science Sanatoria:
There are no Christian Science Sanatoria facilities in the State.

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TN# **SUPERSEDES: NONE - NEW PAGE**

Revision: HCFA-Region VI
October 1991

ATTACHMENT 3.1-A
Page 1

State/Territory: LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

1. Inpatient hospital services other than those provided in an institution for mental diseases.

Provided: ☐ No limitations ☒ With limitations*

- 2.a. Outpatient hospital services.

Provided: ☐ No limitations ☒ With limitations*

- b. Rural health clinic services and other ambulatory services furnished by a rural health clinic and covered under the Plan.

☐ Provided: ☐ No limitations ☒ With limitations*

☐ Not provided.

- c. Federally qualified health center (FQHC) services and other ambulatory services that are covered under the plan and furnished by an FQHC in accordance with section 4231 of the State Medicaid Manual (HCFA-Pub. 45-4).

Provided: ☐ No limitations ☒ With limitations*

3. Other laboratory and x-ray services

Provided: ☒ No limitations ☐ With limitations*

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State/Territory: LOUISIANA

AMOUNT, DURATION, AND SCOPE OF MEDICAL
AND REMEDIAL CARE AND SERVICES PROVIDED TO THE CATEGORICALLY NEEDY

b. Optometrists' services.

☒ Provided: ☐ No limitations ☒ With limitations*
☐ Not provided.

c. Chiropractors' services.

☐ Provided: ☐ No limitations ☐ With limitations*
☒ Not provided.

d. Other practitioners' services.

☒ Provided: Identified on attached sheet with description of
limitations, if any. Description is provided on
Attachment 3.1-A, Item 6, Pages 3 and 4
☐ Not provided.

7. Home health services.

a. Intermittent or part-time nursing services provided by a home health
agency or by a registered nurse when no home health agency exists in the
area.

Provided: ☐ No limitations ☒ With limitations*

b. Home health aide services provided by a home health agency.

Provided: ☐ No limitations ☒ With limitations*

c. Medical supplies, equipment, and appliances suitable for use in the
home.

Provided: ☐ No limitations ☒ With limitations*

*Description provided on attachment.

TN No. 00-12

Supersedes

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TN No. _____

HCFA ID: 7986E

SUPERSEDES: TN. 97-24

STATE	<u>Louisiana</u>
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HCFA ITS	<u>LA-00-12</u>

A

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

Attachment 3.1-A
Item 4. b. Page 8

AMOUNT, DURATION, AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED

LIMITATIONS OF THE AMOUNT, DURATION, AND SCOPE OF CERTAIN ITEMS OF PROVIDED MEDICAL AND REMEDIAL CARE AND SERVICES ARE DESCRIBED AS FOLLOWS:

Medical and Remedial Care and Services
Item 4.b. EPSDT Services (contd.)

recipient's attending physician and prior authorized by the Bureau of Health Services Financing (BHSF) or its designee. Extensions of this limit may be requested if medically necessary.

Chiropractors

A chiropractic care service is defined by the Medicaid Program as a medically necessary manual manipulation of the spine performed on one to three areas of the spine.

Service Limitations and Prior Authorization

Recipients five through twenty years of age may receive chiropractic services for a maximum of twelve different dates of service per fiscal year without prior authorization when the service is provided as a result of a referral from an EPSDT medical screening provider. Reimbursement for the thirteenth and subsequent dates of service shall pend for medical review and shall be paid only if provided as the result of a referral from an EPSDT medical screening provider.

Recipients from birth through four years of age are eligible to receive chiropractic care services only if each date of service is prior authorized by the fiscal intermediary. Requests to treat a child under four years of age must be received and prior authorized before the first treatment is administered. Claims for dates of service prior to the authorization date will not be considered for payment.

Procedure Codes

1. PT physical medicine code 97260 one unit per day.
2. PT physical medicine code 97261 two units per day.

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TN# 95-09

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STATE OF LOUISIANA
MEDICAL ASSISTANCE PROGRAM
STATE OF LOUISIANA

ATTACHMENT 3.1-B

Page 1

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED MEDICALLY NEEDY
GROUP(S): All Groups Listed Under C. of Attachment 2.2-A

The following ambulatory services are provided.*

- | <u>Item No.</u> | <u>Item No.</u> |
|---|--|
| 1. Inpatient hospital services other than those provided in an institution for mental diseases. | 7. Home Health Services |
| 2. a. Outpatient hospital services. | a. Intermittent or part-time nursing services provided by a home health agency or by a registered nurse when no home health agency exists in the area. |
| b. Rural health clinic services and other ambulatory services furnished by a rural health clinic. | b. Home health aid services provided by a home health agency. |
| c. Federally Qualified Health Center (FQHC) services and other ambulatory services that are covered under the Plan and furnished in a FQHC. | c. Medical supplies, equipment and appliances suitable for use in the home. |
| 3. Other laboratory and X-ray services. | 9. Clinic services. |
| 4. a. Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older. | 12. Prescribed drugs, dentures and prosthetic devices. |
| b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found. | a. Prescribed drugs. |
| c. Family Planning services and supplies for individuals of child-bearing age. | c. Prosthetic devices. |
| 5. a. Physicians' services whether furnished in the office, the patient's home, a hospital, a skilled nursing facility or elsewhere. | 13. d. Rehabilitative services. |
| b. Medical and surgical services furnished by dentists (in accordance with section 1905 (a)(5)(B) of the Act). | 15. Intermediate Care Facility for the Mentally Retarded (ICF/MR) services. |
| 6. a. Podiatrists' services. | 17. Nurse-midwife services. |
| b. Optometrists' services. | 19. Optional targeted case management services. |
| c.1. Anesthetists' services. | 20. Extended services for pregnant women. |
| (CRNAs & Anesthesiologists) | 21. Certified pediatric or family nurse practitioners' services. |
| c.2. Audiologists' services. | 24. a. Transportation. |
| | d. Nursing facility services provided for patients under 21 years of age. |

*Description provided on Attachment 3.1-A

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State/Territory: LOUISIANA

AMOUNT, DURATION AND SCOPE OF SERVICES PROVIDED
MEDICALLY NEEDY GROUP(S): All Groups Listed Under C
of Attachment 2.2-A

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law.
- a. Podiatrists' Services
☒ Provided: ☐ No limitations ☒ With limitations*
- b. Optometrists' Services
☒ Provided: ☐ No limitations ☒ With limitations*
- c. Chiropractors' Services
☐ Provided: ☐ No limitations ☐ With limitations*
- d. Other Practitioners' Services
☒ Provided: ☐ No limitations ☒ With limitations*
7. Home Health Services
- a. Intermittent or part-time nursing service provided by a home health agency or by a registered nurse when no home health agency exists in the area.
☒ Provided: ☐ No limitations ☒ With limitations*
- b. Home health aide services provided by a home health agency.
☒ Provided: ☐ No limitations ☒ With limitations*
- c. Medical supplies, equipment, and appliances suitable for use in the home.
☒ Provided: ☐ No limitations ☒ With limitations*
- d. Physical therapy, occupational therapy, or speech pathology and audiology services provided by a home health agency or medical rehabilitation facility.
☐ Provided: ☐ No limitations ☐ With limitations*

*Description provided on attachment.

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